

EPIDEMIC  
ALERT &  
RESPONSE

**Documentation of integrated disease  
surveillance and response implementation**

*in the* **African and  
Eastern Mediterranean Regions**

*Report of a WHO Meeting*

Harare, Zimbabwe  
4–15 November 2002



WORLD HEALTH  
ORGANIZATION

WORLD HEALTH ORGANIZATION  
DEPARTMENT OF COMMUNICABLE DISEASE  
SURVEILLANCE AND RESPONSE (CSR)

### Acknowledgement

The World Health Organization wishes to acknowledge the Centers for Disease Control and Prevention (CDC) and Support for Analysis and Research in Africa (SARA) for their technical Support during this meeting, and the United States Agency for International Development (USAID) and the United Nations Funds for International Partnerships (UNFIP) for the financial support to this meeting.

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### Acronyms

AFR	African Region
AFRO	African Regional Office
CDC	Centers for Disease Control and Prevention
EMR	Eastern Mediterranean Region
EMRO	Eastern Mediterranean Regional Office
EUR	European Region
IDS	Integrated Disease Surveillance
IDSR	Integrated Disease Surveillance and Response
SEAR	South Eastern Asia Region
SEARO	South Eastern Asia Regional Office
UNF	United Nations Foundation
UNFIP	United Nations Fund for International Partnership
USAID	United States Agency for International Development
WHO	World Health Organization

## 1. BACKGROUND

Communicable diseases are the most common causes of death, disability and illness in the African and Eastern Mediterranean Region. Developing effective and efficient national surveillance and response/control systems is important for national, regional and global health security.

The World Health Organization (WHO) is promoting an integrated approach to build sustainable, nationally owned disease surveillance systems. In 1998, the WHO Regional Committee for Africa adopted the Integrated Disease Surveillance (IDS) Strategy as the approach to building an effective national surveillance system that provides timely information for prompt action. The Eastern Mediterranean Region (EMR) likewise recommended the use of an integrated approach to communicable disease surveillance and control during the Regional Committee Meeting in 2000. The South East Asian Region is currently developing an Integrated Disease Surveillance Strategy for the countries in the region.

In line with the emphasis on «information for action» WHO and partners are providing support to the countries from the African, Eastern Mediterranean and South East Asian (SEAR) Regions for the implementation of Integrated Disease Surveillance and Response (IDSR) activities. Through this strategy, integration and synergy of existing surveillance systems is proposed for all levels of the health system.

In the African Region, the strategy has been implemented through a five-step process that includes sensitization of key ministry of health authorities and stakeholders, assessment of existing surveillance, preparedness and response systems, development of strategic plans, adaptation of the generic IDSR technical guidelines, implementation of the IDSR plan and monitoring and evaluation of implementation. By the end of October 2002, 32 countries had successfully completed the sensitization and assessment of existing national surveillance, epidemic preparedness and response systems. Of these, 28 have used the findings to develop a national Strategic IDSR plan, 21 countries have completed adaptation of the generic IDSR technical guidelines and training modules.

Sudan and Egypt in EMRO and India in SEARO are currently implementing IDSR. Some European Region (EUR) countries have started assessing their systems while the Western Pacific Region (WPR) plans to start the process.

Partners such as USAID and the UNFIP consortium (UNF, Rockefeller and the Gates Foundation) are financially supporting implementation of IDSR in the African and Eastern Mediterranean Regions. The long standing collaboration between WHO and the Centers for Disease Control and Prevention (CDC) has extended to IDSR and has resulted in the development of instruments, tools and guidelines that can be applied to other countries and regions as they plan to integrate their systems.

To prepare for the documentation of country successes, challenges, constraints/ problems, opportunities and lessons learnt, in the implementation of IDSR in the African and Eastern Mediterranean Regions, a joint meeting was organized in Harare, Zimbabwe from November 4-15, 2002. The main purpose of the meeting was to discuss and agree on a generic protocol that countries and consultants would use to document IDSR implementation in targeted countries.

## **2. OBJECTIVES AND EXPECTED OUTCOMES OF THE MEETING AS IN TABLE OF CONTENTS**

### **2.1. General Objective**

To develop a protocol for the documentation of IDSR implementation in countries

### **2.2. Specific Objectives**

- To agree on objectives, expected outcomes, methods, procedures and tools for documentation of IDSR implementation
- To prepare terms of reference for the documentation team
- To select countries for the initial documentation exercise
- To draft advocacy and dissemination plan of the documentation results

### **2.3. Expected Outcomes**

- Documentation Protocol elaborated
- Terms of reference of the documentation team prepared
- Countries for the initial documentation exercise selected
- Draft workplan for advocacy and dissemination of documentation materials prepared

## **3. PROCEEDINGS OF THE MEETING**

The meeting brought together participants from countries, WHO, CDC, SARA and USAID.

### **3.1. Opening of the meeting**

The meeting started with presentation of the objectives and expected outcomes of the meeting. This was followed by self-introduction of participants. Dr. Antoine Kabore, Director of Division of Prevention and Control Communicable Diseases presented the official opening of the meeting. He stated that this gathering was an indication of the fruitful partnership among the different agencies to support IDSR implementation in countries. The documentation exercise will bring out the lessons learned, challenges and opportunities which will be the basis for preparation of a framework to scale up implementation.

The meeting took place in three major phases, and an agenda (Annex 1) was agreed upon:

- Elaboration of the documentation protocol
- Development of an advocacy and dissemination plan
- Field testing of tools for documentation

### **3.2. Terms of reference for the documentation team**

The following terms of reference were agreed upon for the documentation team:

- Work with the core IDSR documentation working group to develop the documentation methodology that takes into account the context of IDS in stable countries and complex emergency countries.

- Collect/compile necessary data
- Use the results to describe the various IDSR implementation models/modalities
- Prepare and submit an analytical report by country
- In addition, the overall coordinator would work closely with SARA
- Produce a report synthesizing the various country reports
- Recommend, for each model, actions to scale up the IDSR implementation

The overall coordinator would incorporate the experiences gained on the field into the documentation protocol, and would work closely with the core documentation team to compare and present the advantages and the disadvantages of the different models/modalities followed by countries for IDSR implementation.

### 3.3. Selection of country

Due to shortage of resources, it was decided that six countries be included in the initial documentation process. These countries were selected from the African and Eastern Mediterranean regions, and included «4 UNFIP supported countries» and the «2 USAID supported countries»

The criteria used to select the countries (Annex 2) are listed below:

- Availability of funding to support IDSR implementation
- Occurrence of major outbreaks during the past two years
- Involvement of public health schools in IDSR (field epidemiology training)
- Implementation of IDSR under complex emergency situation
- Perceived achievements
- Involvement of laboratory in IDSR implementation
- Representation of French speaking and English speaking countries (Portuguese speaking countries are not among early users of IDSR)

### 3.4. Elaboration of the documentation protocol

The documentation protocol was elaborated with general and specific objectives, approaches to the documentation, data collection and analysis tools, as well as the format of country reports.

- **General objective**

To obtain information on inputs, processes, outputs and outcomes for strategic improvement of IDSR implementation.

- **Specific objectives**

- To describe and review approaches to IDSR implementation
- To develop framework for scaling up IDSR implementation
- To make the framework available for adaptation and use in other WHO Member States and Regions for IDSR implementation

- To develop materials and documents for adaptation by Member States and Regions for IDSR implementation
- To develop advocacy and dissemination strategy

- **Data collection techniques**

The documentation process would employ principally qualitative approach, also drawing from quantitative information that is available. The methods of data collection will include:

- Interviews with 'Key Informants';
- Focus group discussions;
- Document reviews;
- Observation.

- **Data collection and analysis tools**

Data collection tool and analysis format were prepared and agreed upon (Annex 4)

- **Composition of country documentation team**

It was agreed that there would be three teams with an overall coordinator. Each team would be composed of at least:

- A consultant (team leader)
- An epidemiologist from WHO
- A microbiologist
- Communication/media officer (HIP) from WHO country office
- The DPC from WHO country office

The composition of the team and the overall team coordinator was agreed upon during the meeting (Annex 4)

- **Target group**

Key people to be met at the country level for interview as key informants or for focal group discussions have been identified and agreed upon, (Annex 5).

- **Reporting format**

Reporting format is prepared and agreed upon as detailed in the protocol (Annex 3)

### **3.5. Advocacy and dissemination plan**

The advocacy plan (Annex 6) was developed and would be implemented in two phases. The short term outputs would be implemented by May 2003, while the implementation schedule of the longer term outputs would be agreed upon in May 2003 during the IDSR AFRO task force meeting.



### **Short term outputs**

- Documentation protocol
- Dissemination plan
- Country reports describing and reviewing approaches to IDSR implementation.
- Synthesis into one report of country reports.
- Policy briefs for regional and global consumption
- Country briefs with summaries of selected findings and recommendations
- Framework for enhancing and scaling up IDSR implementation.
- Generic multimedia presentations (e.g. Power Point presentations) on the results of the documentation exercise.
- Presentation of initial results to the global consultation on IDSR.
- Presentation of the results to the AFRO IDSR Task Force.

### **Longer term outputs**

- Advocacy documents: CD-ROM, leaflets, flyers, success stories, (video tape)...
- Training module: case-studies, presentations, ...
- Publications: peer review articles, practical guides, web updates
- Strategic guidelines for implementation of IDSR
- Funding proposals for IDSR
- Studies on cost and effectiveness of IDSR.

## **3.6 Field testing of documentation tools**

The data collection tools were field-tested in Harare and in Goromonzi district, Zimbabwe. These were subsequently modified and adapted based on the findings of the field-testing.

## **3.7 Logistic arrangements**

All logistic arrangements were made for travel, security clearances obtained and country teams dispatched to various countries. The draft calendar of activities related to the documentation, dissemination and outputs was reviewed and agreed upon (Annex 7).

## **Annex 1: Agenda**

### **PROVISIONAL PROGRAMME OF WORK DEVELOPMENT OF PROTOCOL FOR DOCUMENTATION OF IDSR IMPLEMENTATION, 4 to 15 NOVEMBER 2002 Harare, Zimbabwe**

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**Meeting venue: 5 - 8 November 2002 Sheraton Hotel**  
11-15 November 2002 Highlands, A32 Meeting Room

***Working hour:* AM 09:00-12:30; PM 14:00-17:30**

Coffee break AM 10:30-10:45 PM 16:00-16:15

Lunch Break 12:30-14:00

**4.**

#### **Monday, 4 November 2002**

- Arrival of participants
- Distribution of essential documents and individual reading and review

#### **Tuesday, 5 November 2002**

- Opening of the meeting by DDC
- Agree on the agenda, including planning for the rest of the duration and field testing of the protocol
- Briefing of consultants by WHO and partners
- Title, purpose, objectives, expected outputs and methodology should be agreed upon by the end of the day

#### **Wednesday 6 November**

- By the end of the day, the final protocol including field guide should be completed

#### **Thursday, 7 November 2002 (COB)**

- Finalize advocacy and dissemination plan
- Finalize the protocol including the field guide
- Finalize the arrangement for field testing and country visit

#### **Friday, 8 November 2002**

- Finalize reporting formats for country specific and analytical reports

**Saturday and Sunday**

- *The consultants will finalize the document based on the feedback*

**Monday, 11 November 2002**

- Prepare for the field test

**Tuesday 12:**

- Pre test the protocol

**Wednesday 13**

- Revision of the protocol based on feedback from the field test

**Thursday 14**

- Finalize field-tested protocol including field guide. By the end of the day the protocol should be ready for fieldwork.

**Friday 15**

- Admin/travel arrangements for field work

## Annex 2: List of selected countries

Countries	Language	Selection Criteria
Uganda	English	<ul style="list-style-type: none"> <li>• Perceived achievements</li> <li>• Field epidemiology training</li> <li>• Major outbreak (Ebola)</li> </ul>
Burkina Faso*	French	<ul style="list-style-type: none"> <li>• Major outbreak (meningitis)</li> <li>• Donor interest</li> </ul>
Sudan	English	<ul style="list-style-type: none"> <li>• Complex emergency</li> <li>• Only EMRO country</li> <li>• Early warning system</li> </ul>
Ghana	English	<ul style="list-style-type: none"> <li>• Donor interest,</li> <li>• Field epidemiology training</li> </ul>
Ethiopia	English	<ul style="list-style-type: none"> <li>• Donor interest</li> <li>• Implementation difficulties</li> </ul>
Mali	French	<ul style="list-style-type: none"> <li>• Good perceived achievement</li> </ul>

## **Annex 3: Documentation Protocol**

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12. Timetable for the documentation process
13. Timeline for the field visits
14. Introductory remarks for interviews
15. List of definitions
16. Country plan of actions

#### Annex 4: Composition of country team

Team	Countries	Team Members	Additional Members from countries
Team 1	Burkina Faso Mali	Dr. Augusto Pinto Prof. JA Nama-Diarra Dr LK Delysogo	Communication expert DPC
Team 2	Uganda Southern Sudan	Dr MH Djingarey Prof. Derege Kebede Dr Aktham Haddin	Communication expert DPC
Team 3	Ghana Ethiopia	Dr A. Yeneabat (Dr R. Pinner) Dr C. Shepherd Dr M El Saeed Mustafa	Communication expert DPC

## Annex 5: Targeted groups within countries

Central level	Other levels	Partners
<ul style="list-style-type: none"> <li>–</li> <li>– Minister of Health or representative</li> <li>– Director of Public Health</li> <li>– Other directors (Planning, Training)</li> <li>– IDSR focal person</li> <li>– Surveillance data manager</li> <li>– Programme managers/Coordinators</li> <li>– Head of Health Information System</li> <li>– Director, National Public Health Lab.</li> </ul> <p>National IDSR Coordinating Committee</p>	<p><b>Intermediate/District</b></p> <ul style="list-style-type: none"> <li>– Provincial/District Health Managers</li> <li>– Provincial/district/County health team</li> <li>– Lab. Technicians</li> <li>– EWARN Teams</li> </ul> <p><b>Health Facility level</b></p> <ul style="list-style-type: none"> <li>– Clinicians, lab technicians</li> <li>– Medical directors, Public Health Nurse</li> </ul>	<p>List varies from country to country</p> <p><b>AFRO countries</b></p> <ul style="list-style-type: none"> <li>– UNICEF; USAID; French Cooperation; Italian Cooperation; MSF; PASEi</li> </ul> <p><b>Southern Sudan</b></p> <ul style="list-style-type: none"> <li>– WHO; UNICEF / OLS</li> <li>– NGOs e.g. MEDAIR, AMREF, KEMRI,</li> </ul>
<p>WHO Country office Team: WR, DPC, EPI, MALARIA, HIV/AIDS, IDS, IMCI, HIP, MPN, HEC, FHP, ADM</p>	<p>Hospital/Health Centre management team</p>	<p><b>Other Sectors:</b> Health Training Institutions</p>

## Annex 6: Advocacy and dissemination plan

Activity	Steps	Materials to be requested/needed	Who is responsible	Funding sources	Time Frame
Finalized Generic Documentation Protocol	-		Consultants and core team (CDC, USAID, SARA, WHO, UNFIP)		March 2003
Produce draft country reports	- Field mission	Determined by the protocol	Field teams,	Donors (USAID, UNFIP) WHO CDC	By the end of each country visit
Produce country report	- Review draft	Same, pictures, clips,	Consultants, smaller working group		Before end December 2002
Synthetic report, (analytical)	- Synthesize country reports to produce one	Country reports	Consultants, SARA		January 2003
Synthesis report for each country (policy brief)	- Major findings and recommendations	Country reports, graphics, evidence based data, success story	Consultants (country team) /SARA		May 2003
Policy brief (Regional/global consumption)	- Major findings and recommendations - Technical review	Country reports, graphics, evidence based data (facts and figures), pictures, success story,	Consultants /SARA		May 2003
Country briefs	Summarize selected findings/observations and recommendations	Country reports	Consultants/SARA and Core Team		By May 2003
Multimedia Presentations	Summary of documentation process, findings and recommendations	The documentation protocol & country reports, pictures,	Production: SARA Content: Core team Collection: field team (HIP)		By May 2003
Packets with inserts					By Dec. 2003
IDSR Framework					By Dec 2003



## Annex 7: Calendar of activities

Date Week number	Country	Activity	Persons	Comments
01 October –31 October	All selected countries	Initial contact and briefings with countries (WROs and MoH). Sharing of documents and identification of key stakeholders in country	AFRO/EMRO	
November 4 - 8 Week 45	Zimbabwe	<ul style="list-style-type: none"> <li>Design of the protocol</li> <li>Development of Advocacy and Dissemination plan</li> </ul>	Technical and Communication experts	
November 11-15 Week 46	Zimbabwe	<ul style="list-style-type: none"> <li>Field testing and finalizations of protocol</li> <li>Logistic preparation with countries</li> </ul>	<ul style="list-style-type: none"> <li>Technical experts and all consultants</li> <li>AFRO/EMRO</li> </ul>	
November 18- December 6 Week 47-49	Uganda Sudan	Country Visits & country specific report writing	Country team	
November 18- December 6 Week 47-49	Mali Burkina Faso	Country Visits & country specific report writing	Country team	
November 18- December 6 Week 47-49	Ghana Ethiopia	Country Visits & country specific report writing	Country team	
December 9 –13 Week 50	Nairobi, Kenya	UNFIP review and planning meeting	Inter-country coordinators (AFRO, EMRO)	
December 16 – January 05		Home		Christmas break
January 06 –January 19	Zimbabwe (AFRO)	Synthesis of country specific reports and preparation of analytical/ synthetic reports	Consultant	
January 20 – End of March 2003		Sharing/feedback from partners, initiation/ achievement of selected outputs	Please propose	
End March 2003	Geneva	Global Meeting on IDS	WHO/Partners	
Late May 2003		AFRO IDSR task force	WHO/Partners	
From May 2003		Initiation of longer term outputs	WHO/Partners	

## Annex 8 : List of participants

	COUNTRY	NAME	DESIGNATION	ADDRESS	TELEPHONE	FAX	E-MAIL
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